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| <i>Index of Claims</i>  | Application/Control No. 10824525 | Applicant(s)/Patent Under Reexamination KANOME ET AL. |
| | Examiner McClain, Gerald W | Art Unit 3653 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------|------------|------------|------------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 10/23/2006 | 03/02/2007 | 10/29/2007 | 06/19/2008 | | | | | | |
| | 1 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 2 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 3 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 4 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 5 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 6 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 7 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 8 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 9 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 10 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 11 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 12 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 13 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 14 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 15 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 16 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 17 | ✓ | - | - | - | | | | | | |
| | 18 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 19 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 20 | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | 21 | ✓ | - | - | - | | | | | | |
| | 22 | ✓ | - | - | - | | | | | | |
| | 23 | ✓ | - | - | - | | | | | | |
| | 24 | ✓ | - | - | - | | | | | | |
| | 25 | ✓ | - | - | - | | | | | | |
| | 26 | ✓ | - | - | - | | | | | | |
| | 27 | ✓ | - | - | - | | | | | | |
| | 28 | ✓ | - | - | - | | | | | | |
| | 29 | ✓ | - | - | - | | | | | | |
| | 30 | ✓ | - | - | - | | | | | | |
| | 31 | ✓ | - | - | - | | | | | | |
| | 32 | ✓ | - | - | - | | | | | | |